

**STATE OF SOUTH CAROLINA  
COUNTY OF BERKELEY**

**PROBATE COURT**

**IN THE MATTER OF**

**CASE NUMBER**

Decedent's Date of Death (if known):

Decedent's Last Mailing Address: \_\_\_\_\_

<input type="checkbox"/>
<input type="checkbox"/>

**WAIVER OF  
REQUEST/DEMAND FOR** \_\_\_\_\_

I. Nature of interest of undersigned:

II. I waive or demand/request the following items pertaining to the above estate as indicated.

WAIVE    DEMAND/REQUEST

☐☐

Hearings/Right to appear

☐☐

Other (specify): \_\_\_\_\_

If request/demand for hearing/right to appear, please state issues/reasons:

III. My address and/or that of my attorney is listed below.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (O): \_\_\_\_\_

Telephone (H): \_\_\_\_\_

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_